Personal Health Records: Personal Control of Health Data and Patient-Provider Communications Second in a 3-part Series

April 3, 2008

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Moderator:

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Patient Gateway: A Secure Patient Portal at Partners Healthcare

Presented by:
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Outline

- Patient Gateway
 - Description
 - Demo
 - Adoption
- The Prepare for Care study:
 - Diabetes RCT sub-study
 (Blackford Middleton, PI; Jonathan Wald, Co-PI)





What is Patient Gateway?

A secure web application developed at Partners Healthcare

- Offered by over 800 providers in 42 primary and specialty care practices at 4 institutions (March, 2008) to patients
 - Massachusetts General Hospital, Brigham and Women's Hospital, Newton Wellesley Hospital, and Dana Farber Cancer Institute (a Partners Affiliate)
- Linked to the LMR (Longitudinal Medical Record)

A patient portal – free to the patient

- Chart information from the LMR/clinical systems
 - Medications, Allergies, Immunizations, future and past appointments
 - Lab Results (about 50 expanding to 200 in Spring 2008)
- Online communication (web messaging) tied to practice workflow
 - Patient messages routed to practice staff for triage/handling (not physicians)
 - E.g. "Medication Desk"; "Appointment Desk"; "Message Desk"
 - Appointment reminders and message notifications (via Email)
- Reference information Healthwise®, plus contextual links to other web resources





What is Patient Gateway (cont'd)?

A practice/provider portal

- Integration with LMR (PG account status, Save as note, Results Letter, etc)
- Supports management of messages, Rx, appointments, referrals, etc.

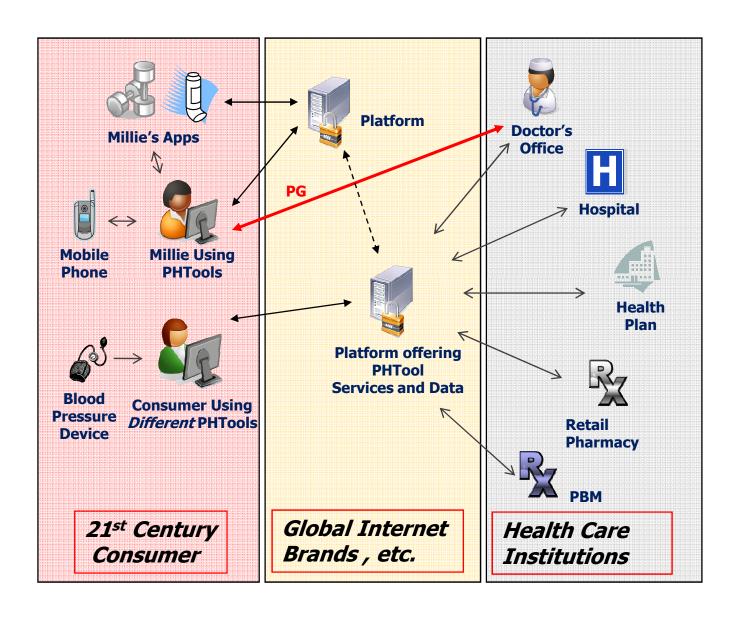
A support portal

 Account creation, password distribution and recovery, detailed account information, issue handling, audit reports, software configuration, notifications, web content, etc.





Evolving personal health ecosystem



Why does Partners offer this?

Patient experience

- Service convenience
- Shared medical information
- Ease of communication with the practice
- Strengthen patient-practice engagement and loyalty

Practices striving to be more productive

- Seamless patient/staff communication
- Self-documenting requests
- Time-efficient provider workflow

To support quality of care improvements

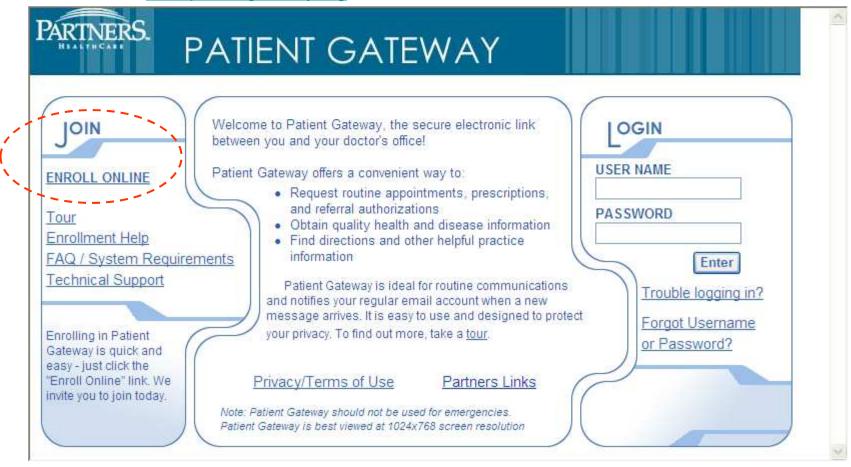
- Medication safety
- Chronic care management and continuity of care
- Patient activation and knowledge
- Better adherence to plan of care





Patient Gateway Web Site

Available at: www.patientgateway.org





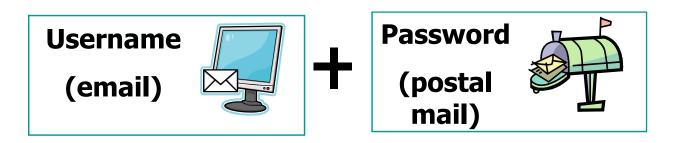


Enrollment staff: Create New Account

1. If request (left) matches a Partners Patient (right)



- 2. PG account is created (Or, registration staff contacts pt)
- 3. Username (via email) & Password letter (via mail)



Patient: Welcome Screen







Caregivers: Select a patient¹

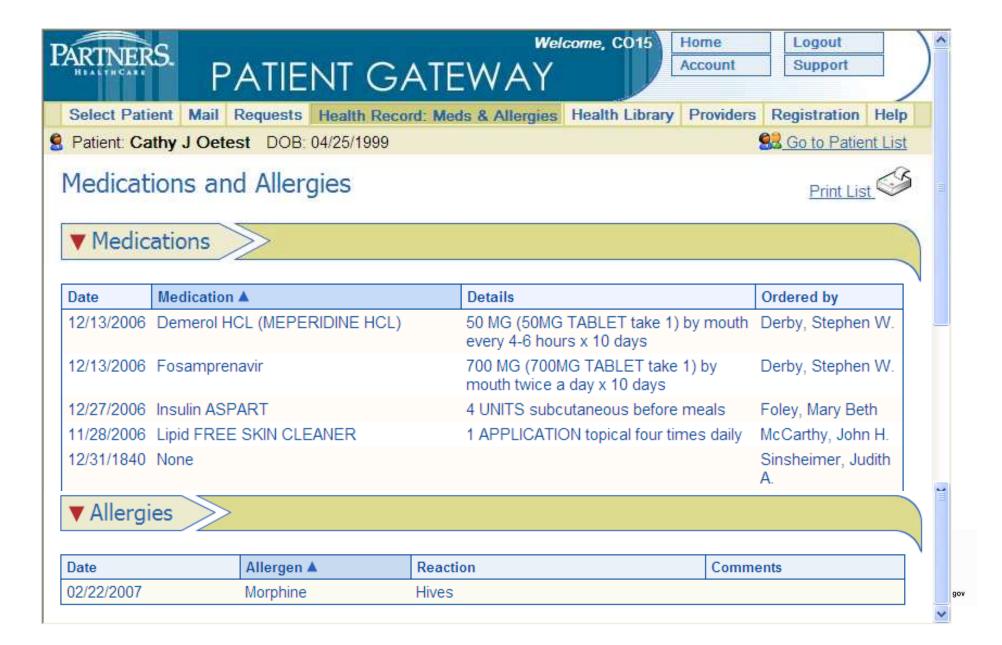


¹In pilot, March 2008

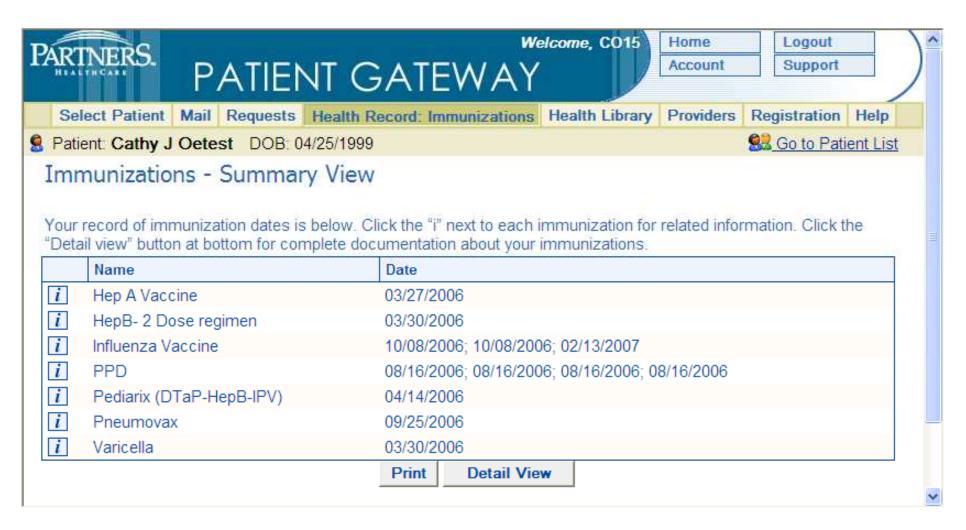




Medications & Allergies



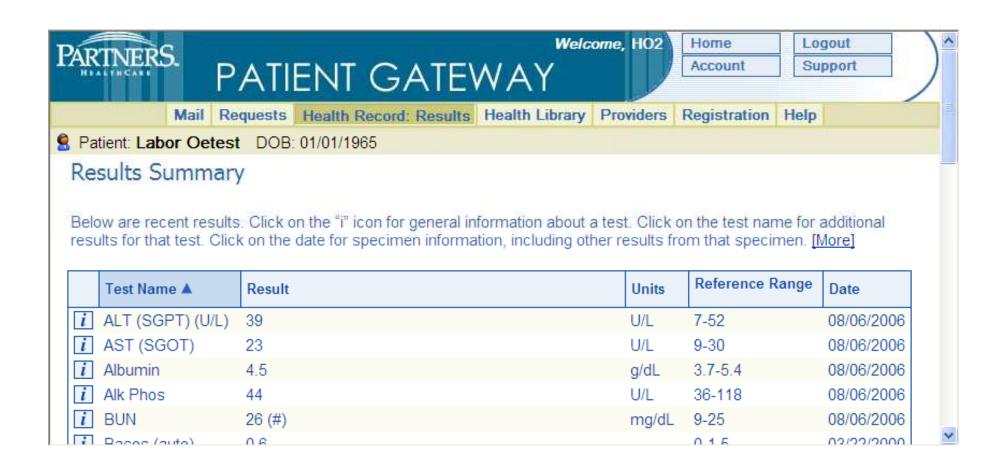
Immunizations







Lab Results





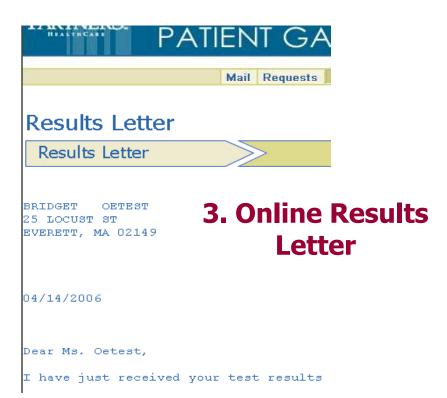


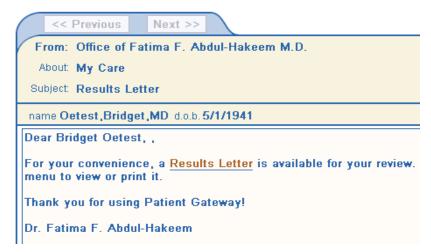
Online Results Letter

1. Notification (email)







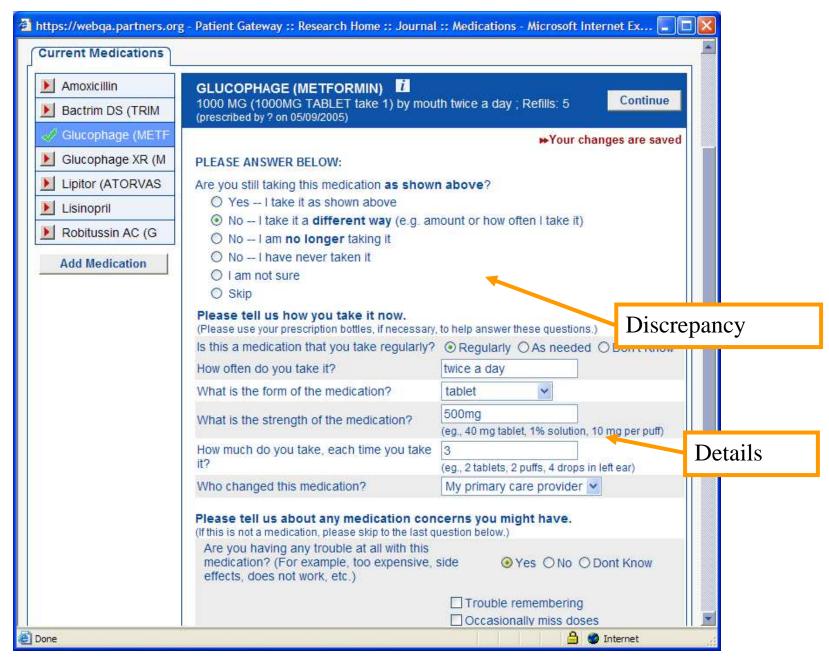


2. PG Message

or Menu



Online Journal – *Prepare for Care study*



Practice Portal: Message mgt



Incoming Requests:

- Bolded
- Provider identified
- 1-click to LMR
- Click-sign to save as note

Sort by any column:

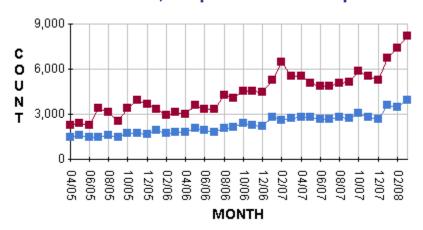
- Date
- Provider
- Patient
- "Assign"

Current status (March, 2008)

- 42 practices are live at Brigham & Women's Hospital, Massachusetts General Hospital, and Dana Farber Cancer Institute
 - 23 primary care, 19 specialty care
 - Practice penetration as high as 63%
- 680 physicians are listed as providers for PG
- 42,000+ patient accounts on PG
 - Adding 1000/mo; 67% of accounts are "activated"
- Over 8,100 patients used PG in the month of March, 2008
 - 9.3 requests/100 pts/month

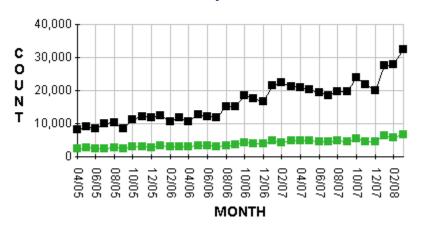
Unique Pts - Mar '08

- 8,157 patients who logged in
- 3,896 patients with requests

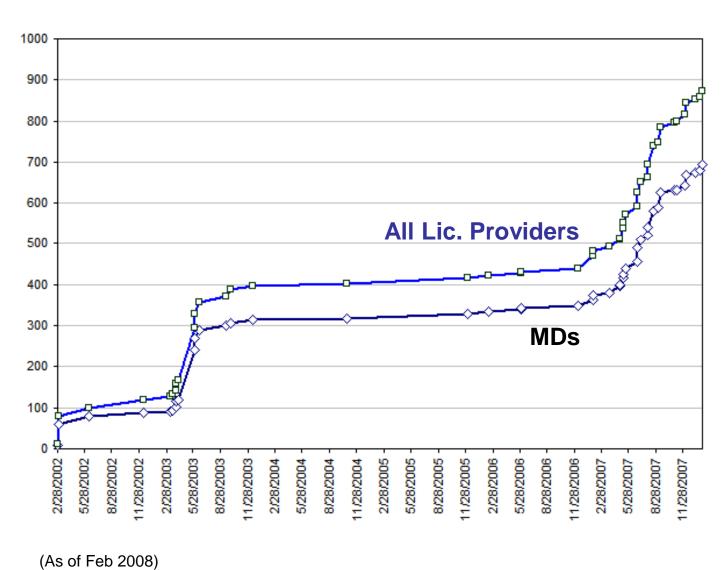


Activity – Mar '08

- 32,365 sessions (log ins)
- 6,490 requests

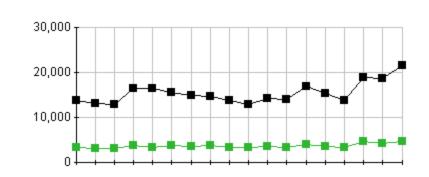


Provider adoption (March 2008)



Site-specific transactions



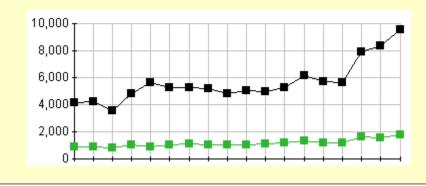


March 2008

21,472 sessions

4,650 requests

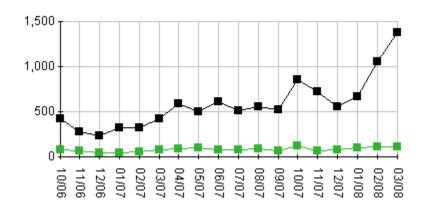




9,496 sessions

1,730 requests

<u>DFCI</u>

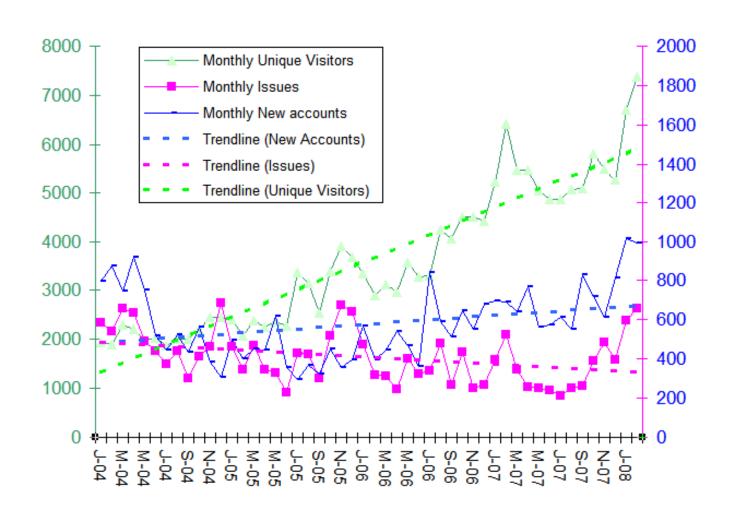


1,375 sessions

106 requests

Support issues





Trendlines show:

High growth in use, with modest growth in support issues

Lab Results rollout

- Live in production since September, 2006
 - 30 practices currently offer this feature to patients
 - 89% of patients have access today
 - Remaining practices are discussing when to offer this
- Patients LOVE it! Many examples of positive feedback
 - #1 patient complaint: where are the rest of my labs?
- MDs/staff have not reported increased workload or patient anxiety associated with turning this On
- Benefits:
 - Ensure all results are available; Avoid needless calls from patients asking for lab results; Avoid unnecessary delays in sharing results with the patient
 - Patients can access results when and where they find it convenient
 - CRICO (malpractice insurer) believes it is "safe practice"
- Process for content approval
 - PG Clinical Expert Panel recommends, and Clinical Content Committee approves; One "master list" across Partners





Lessons Learned

- Patients love it!
 - Appreciate greater access; don't send high volume of online messages
- Provider concerns resolve with experience
 - Concerns: Will cost them time; Patients will be alarmed; Patients will be confused
- Barriers
 - Marketing, preconceptions, workflow challenges, lack of incentives
- Varied levels of use of these technologies
 - Among patient and practices





RCT: Practice-linked PHR for Type 2 Diabetes1

Primary care RCT in 11 clinics, over 1 year

244 patients with diabetes, mean age 56, 54% at goal for HbA1c (<7.0)

Intervention (126 participants)

- Patients with diabetes received online diabetes journals 2 weeks before a visit, via Patient Gateway
- Invited to review their LMR medications and diabetes care measures
- Could electronically submit information to their PCP for discussion during a visit

Controls (118 participants)

 Active controls received Patient Gateway and a non-diabetes journal (Health maintenance, Family history)

Outcomes

 Looked at HbA1c, cholesterol, BP, medication use, other process and survey measures

¹Grant RW, Wald JS, Schnipper JL, Gandhi TK, Poon EG, Orav EJ, Williams DH, Volk LA, Middleton B. Practice-linked Online Personal Health Records for Type 2 Diabetes: A Randomized Controlled Trial. Arch Int Med 2007, in press.

RCT flow diagram

11 Primary Care Practices

Block randomized after matching by size (large vs. small), setting (urban vs. suburban), and services (women's health vs. general)

Intervention Arm Diabetes/Medications

4 Primary Care Practices

2525 patients with type 2 DM, including 323 with active PG accounts

126 consented and enrolled 39% of PG users 5% of overall DM population

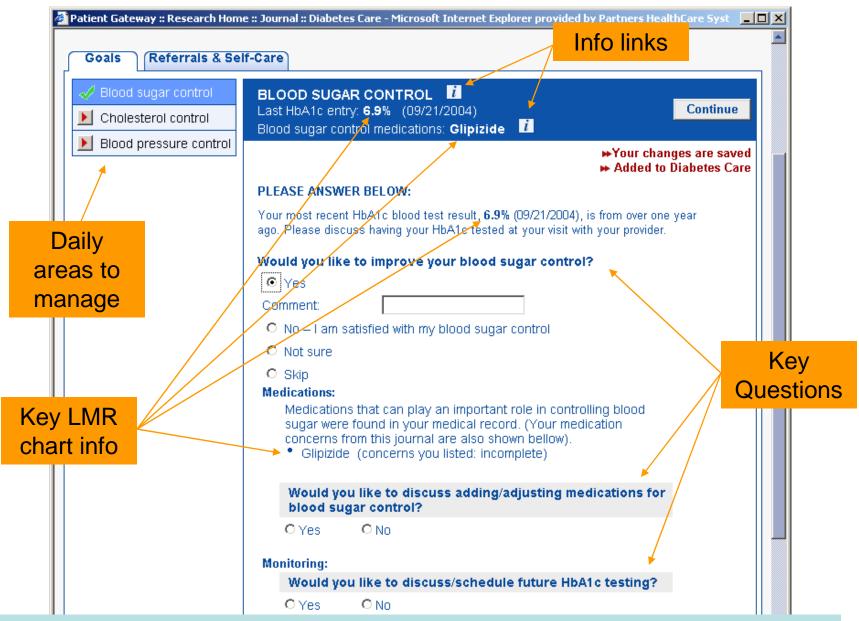
82 patients submitted journals 126 patients analyzed after 12 months of follow-up Active Control Arm Family Hx/Health Maintenance 7 Primary Care Practices

4272 patients with type 2 DM, including 335 with active PG accounts

118 consented and enrolled 35% of *PG* users 3% of overall DM population

41 patients submitted journals 118 patients analyzed after 12 months of follow-up

Diabetes Pre-visit Journal



Diabetes Pre-visit Journal Report

DIABETES CARE: Goals:	
Blood sugar control	Is satisfied; Wants to discuss medications; Wants to discuss HbA1c testing
Cholesterol control	***Not sure about improving; Wants to discuss medications; Wants to discuss cholesterol testing
Blood pressure control	***Would like to improve; Doesn't want to discuss medications; Doesn't want to discuss blood pressure monitoring
Referrals & Self-Care:	
Eye care	Would like to discuss; Would like a referral;
Foot care	Doesn't want to discuss; Doesn't want a referral;
Nutrition	Not sure about discussing; Not sure about a referral to a nutritionist;
Exercise program	Would like to discuss;
Smoking cessation	(Skipped)
Daily aspirin	Would like to discuss; Already takes aspirin; Not allergic to aspirin;





Patient activation

Over half of intervention patients said they wanted to improve their diabetes management.

"I would like to improve my..."

Blood sugar control: 51%

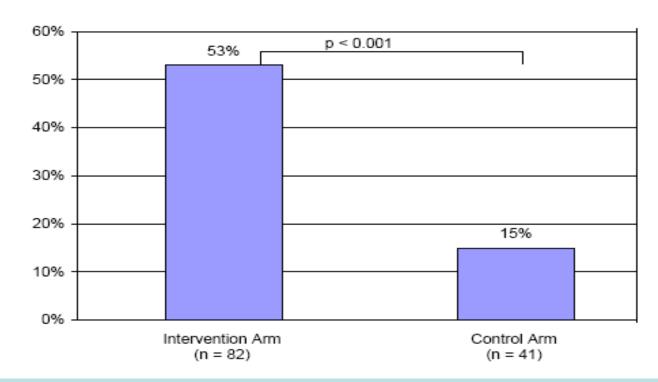
Blood pressure control: **32%**

Cholesterol control: 28%





More medication changes in visits after diabetes journal submission







Diabetes RCT: Conclusions

- Intervention use appears to improve diabetes care by reducing barriers to medication change at the clinic visit
 - More medication regimen changes in visits subsequent to diabetes journal submission than other journal submission
 - Trend (non-significant) toward lower HbA1c among intervention patients with baseline HbA1c > 7.0

Caveats

- Small percentage of patients with diabetes participated in the study
- Study participants were young, white, commercially insured, and closer to HbA1c goal (7.0) than non-participating subjects
- Intervention group HbA1c did not improve more than controls





The Platform Model of Personally Controlled Health Records

Presented by:
Kenneth Mandl
Children's Hospital Boston





Hospitals do not have a history of sharing information

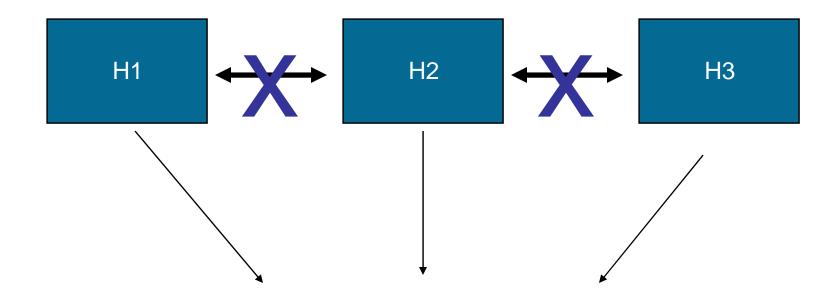


- Proprietary
- Perceived competition
- Privacy
- Health Insurance Portability and Accountability Act
- No dedicated resources to do so





The patient has rights to request the record

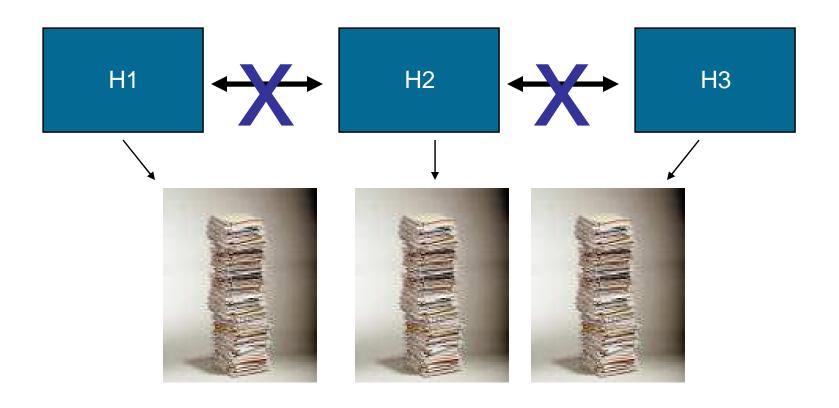


May I please have my record?





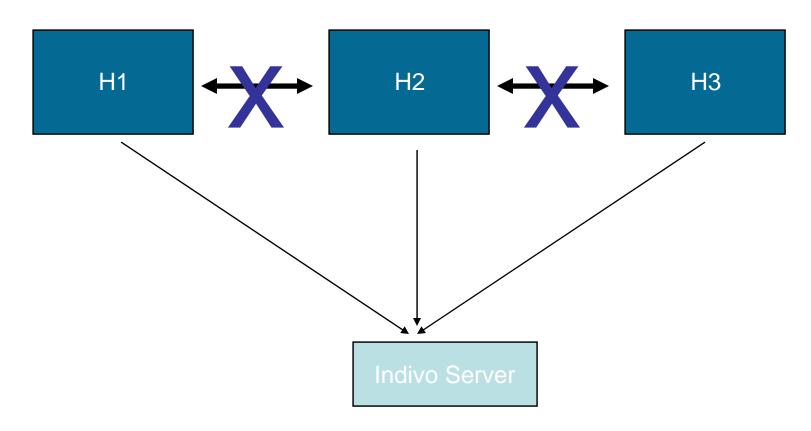
Currently . . .







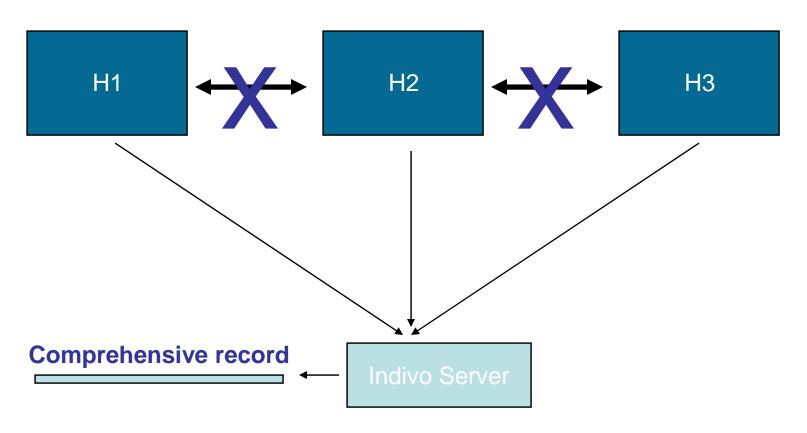
What if we gave patients a tool to request their records electronically?







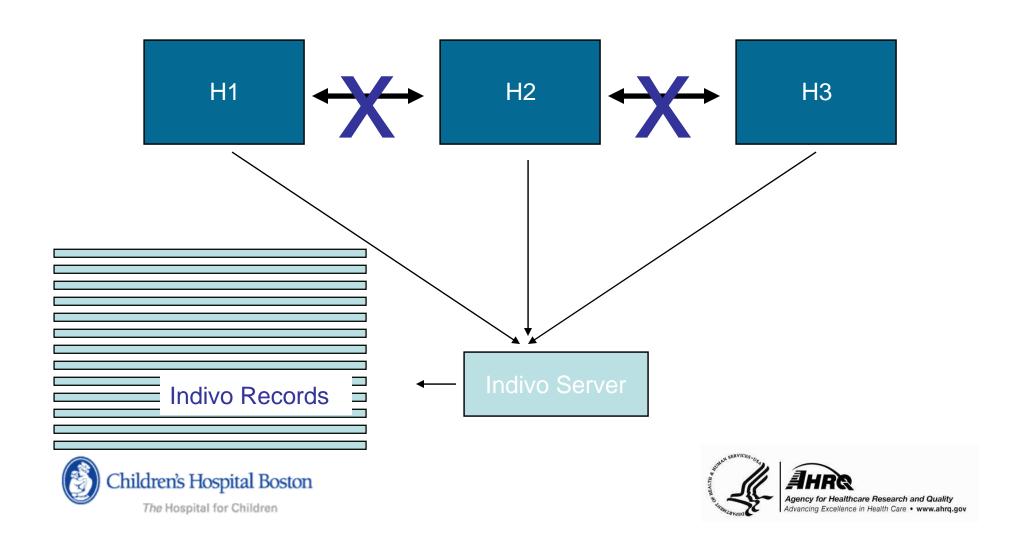
And create a personal health record?







The collection of these records is a population health database



Personally Controlled Health Records

- A container to store and share your personal health information
- A "quicken for health care"
- A "health bank" account
- Provides a "virtual medical home" for patients





BMJ

- A PCHR stored all of an individual's medical history in a container with
 - patient control
 - interoperability
 - open standards
 - rules to protect patients

Information in practice

Public standards and patients' control: how to keep electronic medical records accessible but private

Kenneth D Mandl, Peter Szolovits, Isaac S Kohane

BMJ. 2001;322:283-7.





Patient role

Patients can

- access the record
- grant access to others
 - specific to their role
 - of selected portions of the record
- store their record in a location of their choice
- annotate in the record (but not delete)





Rely on individual rights

- Confront privacy head on by exercising individual rights to information
- The patient is the integrator of his/her own medical record















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Medical Record Number
 Simply ask for it during your visit at the clinic front desk or go to mychildrens.org to receive it by mail.

Medical Record Number:

· Account invoice number or date of last visit

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You're eligible if you're:

· A parent or legal guardian of a patient

A patient over age 18

A patient age 13 and older with parental consent

And

 A patient receiving treatment in the Myelodysplasia Clinic, Endocrinology Clinic, or Children's Hospital Primary Care Center. (Stay tuned—other programs are coming soon.)







Openness

Open Systems

Can be extended to provide new capabilities

Open Standards

Allows open systems to exchange information; produces efficiencies

Open APIs

Allows building of applications on top of open systems and using open standards

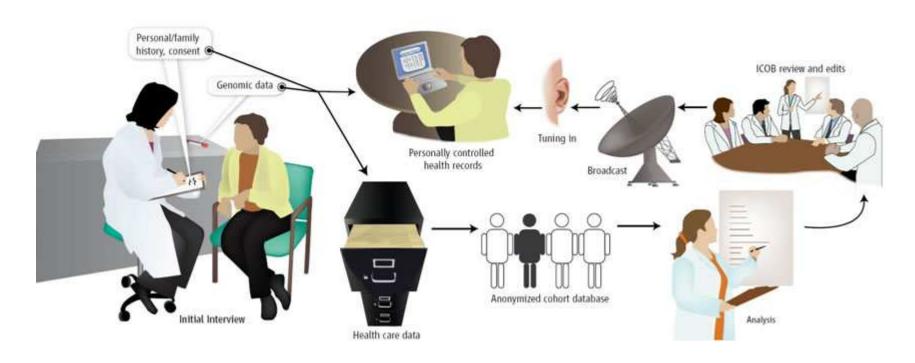
Open Source

Allows compatible deployments





A research paradigm



Science 2007





Challenges

- Agreement on data standards
- Data availability
- CLIA
- Data on paper
- User authentication





Selected Bibliography

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Disclosure

Children's Hospital Boston has a contract with dossia to produce open source PCHR software. Mandl receives support from Children's Hospital Boston to advise on the Dossia-CHB relationship.





Questions & Answers

Our Panel

Teresa Zayas-Cabán, AHRQ

Jonathan Wald, Partners HealthCare

Kenneth Mandl, Children's Hospital Boston





Save the Date!

Our Next Events

Practical Solutions for Engaging Consumers in the Design and Use of PHRs: Beyond User Centered Design May 8, 2008

1:30 – 3:00pm Eastern

Formative Evaluation of Health IT May 15, 2008 1:30 – 3:00pm Eastern

Watch your inbox for information on how to register





Thank You for Attending

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http://healthit.ahrq.gov



